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LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

FORTY-SECOND

ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1950.

PRESTON:

PRINTED BY T. SNAPE & CO., LTD., BOLTON'S COURT.

1952.

LANCASHIRE COUNTY COUNCIL
EDUCATION COMMITTEE
1952



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(Appointed 17/10/50.)

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Deputy Superintendent School Nurse and Health Visitor.

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(Part-time).

Professor Sir Harry Platt, M.S., M.D., F.R.C.S., F.A.C.S.

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(Part-time).

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Miss C. Heller. (Appointed 25/4/50,
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Miss W. Chamberlain.	Miss L. Howarth. (Appointed 3/4/50.)
Miss V. S. Chamberlin.	Mrs. P. Howarth.
Mrs. S. Clayton. (Appointed 4/12/50.)	Mrs. M. C. Howgate.
Mrs. D. Chapman.	Mrs. M. Hoyle.
Mrs. E. W. Christian.	Miss E. Hughes.
Miss M. W. Clarke. (Appointed 1/11/50.)	Miss E. Humphreys.
Miss M. Cleary.	Miss N. Hunt.
Mrs. J. M. Cocker.	Mrs. B. Hunter. (Appointed 1/8/50.)
Miss E. M. Coombes.	Mrs. W. Hutchinson.
Mrs. D. H. Creighton. (Resigned 31/7/50.)	Miss F. Isherwood. (Resigned 30/4/50.)
Mrs. E. A. K. Crippen.	Mrs. I. E. James.
Miss D. C. Crook.	Miss M. E. James. (Retired 7/6/50.)
Miss E. Crosby.	Miss M. H. Jenkinson.
Miss J. M. Crossfield. (Appointed 24/4/50.)	Miss P. John.
Miss M. E. R. Curtis.	Miss H. M. Jones.
Miss G. Davies.	Mrs. H. Kay.
Miss D. Dawson.	Mrs. E. R. Kenyon.
Miss K. Devlin.	Miss G. K. Lamb.
Miss B. I. Dickinson.	Miss M. Lamb.
Miss D. Dodding.	Miss E. M. Latham.
Mrs. M. A. Dubbeling.	Mrs. E. Lee.
Miss T. Dunscombe.	Miss D. W. Leech. (Appointed 1/8/50.)
Miss J. Durose. (Appointed 24/4/50.)	Mrs. J. Lees. (Appointed 1/7/50.)
Miss N. B. Dyson.	Miss G. M. Lloyd.
Miss J. G. Edis. (Appointed 5/6/50.)	Mrs. M. Lord.
Miss C. M. Edwards.	Miss M. Luekett.
Miss M. E. Ellerington.	Miss E. Lumber.
Miss G. Evans.	Miss A. Lyneh.
Miss F. M. Farrar.	Mrs. C. Lynch.
Miss E. B. Ferguson. (Appointed 12/1/50.)	Miss C. M. M'Cardell.
Mrs. I. Ferguson.	Miss A. McConnell. (Resigned 25/2/50.)
Miss H. Fiddler.	Miss A. McCullagh. (Appointed 24/4/50.)
Mrs. A. G. Findlay. (Resigned 31/10/50.)	Miss A. M. Makin.
Miss A. G. Forshaw.	Miss B. M. Malone.
Miss F. G. Fothergill.	Mrs. D. Maltman.

Miss M. E. Marsh.
 Mrs. M. Mather. (Appointed 15/8/50.)
 Miss M. A. May. (Appointed 15/12/50.)
 Miss A. Melia.
 Miss T. F. Melsher. (Appointed 6/5/50.)
 Miss E. Middlehurst.
 Mrs. W. Miller.
 Miss I. Milne.
 Miss L. Milner.
 Miss M. A. Moore.
 Miss E. Moran. (Retired 5/7/50.)
 Miss M. Morphet. (Appointed 15/8/50.)
 Mrs. B. Murphy.
 Miss M. B. Murray.
 Miss M. Openshaw.
 Miss M. E. Owens. (Appointed 24/7/50.)
 Miss D. M. Parker. (Resigned 15/9/50.)
 Miss M. Parkinson.
 Miss A. Parkinson. (Appointed 15/8/50.)
 Miss J. E. H. Paterson.
 Miss M. E. Pearse.
 Miss A. Perkins.
 Miss E. A. Peters.
 Mrs. S. M. Pilling.
 Miss N. Poole. (Appointed 20/11/50.)
 Miss E. Pope.
 Miss D. H. Proctor.
 Miss L. Raine.
 Miss D. E. Rhodes.
 Miss E. M. Rigby.
 Miss J. Riley. (Resigned 30/9/50.)
 Miss V. Riley. (Appointed 11/9/50.)
 Miss M. V. Rimmer.
 Miss M. Rist. (Resigned 30/9/50.)
 Miss M. Roberts.
 Miss S. E. R. Roberts-Parry. (Appointed 1/7/50.)
 Miss S. Rowell. (Appointed 18/5/50.)
 Miss C. R. Ryan.
 Miss M. H. Ryden.
 Miss J. Sanderson.
 Miss I. Sandford. (Appointed 11/9/50.)
 Miss E. L. Sayer.
 Miss M. Seddon.
 Miss F. Sharples.
 Mrs. A. Shaw.
 Miss J. W. Shaw. (Appointed 2/11/50.)
 Miss C. E. Sherman.
 Miss M. Simmons.
 Mrs. T. M. Simmons.

Miss E. Singleton.
 Miss E. L. Smeltzer.
 Miss C. M. Smith.
 Miss L. Smith. (Appointed 23/1/50.)
 Miss A. R. Snape. (Appointed 2/1/50.)
 Miss M. Snowden. (Resigned 4/5/50.)
 Miss M. Spenceley.
 Miss J. M. Stables.
 Miss E. J. Stanley.
 Miss I. Steggles. (Appointed 1/6/50.)
 Miss E. W. Stewart, A.R.R.C.
 Miss R. Sutcliffe.
 Miss H. M. Swain.
 Miss I. Taylor. (Appointed 1/11/50.)
 Miss M. Taylor.
 Miss M. Thistlethwaite. (Resigned 5/6/50.)
 Mrs. A. Thomas
 Miss B. O. Thomas. (Appointed 15/8/50.)
 Miss M. Thomas.
 Miss N. Thornton.
 Miss J. Tomkinson.
 Miss K. I. Truman.
 Miss W. A. Turton.
 Mrs. D. R. Ullathorne.
 Miss F. M. Unsworth.
 Mrs. F. H. van Someren.
 Miss G. Waddicor.
 Miss A. Walton.
 Mrs. M. M. J. Warren.
 Miss E. C. Watterson. (Resigned 30/9/50.)
 Mrs. A. Webb.
 Mrs. R. M. Webber. (Resigned 15/6/50.)
 Miss J. M. Webster.
 Mrs. G. Weir.
 Miss A. M. Whitaker.
 Miss A. Whiteley.
 Miss L. Wilcox. (Appointed 12/1/50.)
 Miss J. Wild.
 Miss M. Wild.
 Miss M. Wilkinson.
 Miss F. E. Williams. (Appointed 1/2/50.)
 Mrs. K. Williams.
 Mrs. S. E. Williams.
 Miss I. Wilson. (Appointed 16/10/50.)
 Miss M. Wilson.
 Miss L. M. Winder.
 Miss G. Woods.
 Mrs. E. T. Wrigley.
 Mrs. S. E. Yates.

School Nurses.

Miss L. Ashburn.
 Miss E. Banks.
 Miss I. J. Brown
 Mrs. M. C. Costello. (Resigned 30/9/50.)
 Miss L. Coyne.
 Mrs. M. Crosby
 Mrs. A. H. Frankland.
 Mrs. S. A. Gregory. (Until 11/1/50.)
 Mrs. F. Iddon.

Miss F. Johnson. (Resigned 4/10/50.)
 Miss B. A. Kelly
 Miss M. E. Owens. (Until 23/7/50.)
 Miss A. Rimmer.
 Mrs. M. E. Smith.
 Miss L. P. Sparkes.
 Miss A. Ward.
 Miss A. Willman.

Bleasdale House Residential Special School for Physically Handicapped Boys, Silverdale.

MATRON : Miss G. I. Davidson.

Broughton Tower Residential Special School for Delicate Pupils, Broughton-in-Furness.

MATRON : Miss A. Canton.

Brynbellia Hostel for Maladjusted Boys, Rawtenstall.

WARDEN : Mr. J. Heath.



LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

SCHOOL HEALTH SUB-COMMITTEE.

FORTY-SECOND ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER,

For the Year ended 31st December, 1950.

To the Chairman and Members of the Lancashire Education Committee.

LADIES AND GENTLEMEN,

I beg to submit the Annual Report on the School Health Service for the year 1950.

The report contains details of the many sides of the service and shows that, while the fundamental work of periodic medical inspection is kept well in the forefront, progress has been maintained in the development of other aspects of the service which has taken place during the past few years.

The total number of medical inspections was 64,577, a reduction of some 8,000 compared with the previous year, during which the highest number of examinations ever made in one year was recorded. The fall was directly due to the frequent changes in medical staff in the year 1950. It is, of course, inevitable that with such a large staff as that employed by the County Council there must be continual change. This involves some loss of time and when changes are more numerous as in the year under review the number of children examined is bound to be less.

The provision of adequate facilities for handicapped pupils is a matter to which the Committee have given particular attention and it may be said that special arrangements have now been made for all categories. Details of the various facilities, both residential and non-residential, will be found in the report. Excellent work is being done at Broughton Tower for delicate pupils, Bleasdale House for physically handicapped boys, and at the Brynbella Hostel, Rawtenstall, for maladjusted boys. All are providing for urgent needs. Although no new Special Schools were opened during the year, the work of adaptation was begun on two others which have since been opened, for physically handicapped girls and epileptic pupils. The time is approaching when requirements will be adequately met in the way of residential accommodation for handicapped pupils in all categories for which the School Health Sub-Committee is responsible.

It is abundantly clear that the most important factor in the satisfactory running of these schools is the quality of the staff, for the personality, the goodwill and, indeed, the devotion, of those responsible for the day-to-day care of the children mean far more than premises and equipment, essential as these may be. In the schools already opened, this has been the first consideration, and, as the Committee know from their visits, the members of the staff work together with a unity of purpose, which is the well-being of the children.

Towards the end of the year a third itinerant teacher was appointed for partially deaf children, the Committee thereby making further provision for this kind of handicap. Special educational treatment for these children presents problems on account of the wide variation in the degree of partial deafness and the level of intelligence and the best way to help many of them is by teaching them to become proficient in lip-reading.

An adequate dental service for children has for long been regarded as one of the most valuable opportunities in the School Health Service for the practice of preventive medicine and the severe shock sustained by the service as a result of the operation of the new Health Act has been a matter of grave concern. In the County Service, fortunately, the losses in personnel, though very considerable, were not as disastrous as they might have been, and action by the Committee succeeded in preventing a further reduction in the number of dentists. There is much evidence to indicate that the best way to provide for children a dental service which is preventive in outlook is through the School Health Service, and it is to be hoped that dentists will return in sufficient numbers to allow the full development of comprehensive schemes in this most fruitful field of work.

The new National Health Service Act has given rise to a number of changes affecting arrangements for the treatment of school children and it is the concern of the Education Authority to ensure that, apart from domiciliary treatment, children do, in fact, receive the treatment they require. The Authority has power to assist in various ways to this end. It is clearly of the greatest importance that there should be close co-operation between the Medical Officers of the Local Authority and those of the other two branches of the Health Service, the hospital service and the general practitioners, and experience in Lancashire has shown the great value of cordial relationships. One matter which has given rise to discussion is the delay in carrying out operative treatment for diseased tonsils and adenoids. There are now signs that the position is improving although there are still one or two unsatisfactory areas in the County.

In conclusion, I should once again like to express my sincere thanks to the members of the Education Committee and the School Health Sub-Committee and I am most grateful to all members of the County Council for the interest they have shown in the work of the department.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE.

*County Medical Officer of Health,
and School Medical Officer.*

School Health Department,
East Cliff County Offices,
March, 1952.

GENERAL STATISTICS.

The table below shows the number of schools in the County area on the 31st December, 1950, and the number of children on the roll :—

Type of School.	No. of Schools.	No. on Roll.
Nursery	29	1,139
Primary	963	196,170
Secondary (Modern)	129	47,642
Secondary (Grammar)	45	21,364
Technical	13	2,112
Special (Day)	7	604
Special (Residential)	3	126
Total	1,189	269,157

CO-ORDINATION OF THE SCHOOL HEALTH SERVICE WITH OTHER HEALTH SERVICES.

The County Medical Officer of Health is also the School Medical Officer and the Chief Welfare Officer and the medical staff in the central office are concerned with the administration of the Public Health Acts, embracing the environmental services, the National Health Service Act, the National Assistance Act, and the School Health Service.

Divisional Administration.

Seventeen health divisions were established in 1948, the areas being as far as possible co-terminous with those of the hospital districts in order to facilitate the co-ordination of all the medical services. The delegated functions are administered by representative divisional health committees to whom the chief adviser is the divisional medical officer appointed by the County Council. Although the areas and populations covered are different from those served by the divisions set up for educational purposes, being larger, a very considerable degree of integration of the two services is possible, as the divisional medical officer is also the divisional school medical officer for the whole of his division. The assistant medical officers and health visitors and school nurses of the division are all responsible for much of the work entailed in the National Health and School Health Services.

There is further co-ordination through the employment of divisional medical officers and assistant divisional medical officers as Medical Officers of Health of the County Districts and in 79 out of 109 districts, medical officers of the County staff act in this capacity.

The dental staff are mainly engaged in the School Health Service but have responsibilities also in the care of mothers and young children. With few exceptions the school nurses are also health visitors.

There is, therefore, every opportunity in most of the County area for dealing with the various problems of preventive medicine on a wide basis.

The following table shows the relationship in 1950 between Health and Education Divisions :—

Health Division.	Education Executive Area.	
	Whole.	Part.
1	1	—
2	3	2
3	5	4
4	15	2, 4, 6, 7, 18.
5	10, 11	7, 13.
6	8, 9	7
7	16, 17	6
8	20	19
9	21, Widnes Ex. Dist.	—
10	22	19
11	23, 25	13, 18
12	14, 24, 26	12
13	27, 33	12
14	28, 32	—
15	30, 31	29
16	Stretford Ex. Dist.	29
17	34, 35.	—

Diphtheria Immunisation.

The scheme of the County Council for immunisation lays upon health visitors the duty of ensuring that children are presented for primary immunisation before their first birthday and, as there is evidence that the immunity conferred wanes with time, again on attaining school age. During the period of school life, arrangements exist whereby systematic provision is made for administering reinforcing injections at a suitable age.

Arrangements have been made in each Health Division whereby diphtheria immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools and school clinics. In addition, medical practitioners take part in the scheme, either by conducting sessions or in the course of their private practice.

Little more than a decade has elapsed since diphtheria was the most common single cause of death amongst school children, and the third most common between the ages of one and five years. As a result of the artificial immunisation of a considerable porportion of the child population, both the notifications of and deaths from diphtheria have rapidly declined to a relatively insignificant level. However, that diphtheria does still exist as a potential danger is a fact, the appreciation of which must continue to be brought home to the public, and herein lies an important duty of local health authorities.

The table below shows the number of children immunised during 1950, together with those so protected during each of the previous five years :—

Year.	Number who completed a full course of primary immunisation during year at ages—			Number of reinforcement injections given (<i>i.e.</i> , subsequent to complete course).
	Under five.	5—14 inclusive.	Total under 15 years.	All children under 15 years of age.
1946 ...	21,684	7,078	28,762	20,824
1947 ...	22,909	4,486	27,395	16,277
1948 ...	26,315	3,801	30,116	17,755
1949 ...	25,749	5,978	31,727	24,855
1950 ...	21,300	3,814	25,114	17,365

Of the 17,365 children who were given reinforcement injections, 16,159 were of school age.

It will be noted from the above that, in all age groups, there was an appreciable fall in numbers receiving artificial immunisation during 1950. At ages under five years, the total primary immunisations declined by nearly 18 per cent., as compared with those for 1949, whilst at ages five to 14 years, inclusive, the reduction amounted to more than 36 per cent. The 17,365 reinforcement injections represented a reduction of more than 30 per cent. on the figure for the previous year.

It is possible that one cause of the decline lies in the publicity given to the problem of the ill-defined relationship between paralytic forms of poliomyelitis and recently performed inoculations. This difficult problem is the subject of inquiry of a special committee appointed by the Medical Research Council, and investigations are proceeding.

Unfortunately, the fear engendered in the public mind of the risk of poliomyelitis following inoculation, together with the apathy towards protection which seems to be a natural reaction to the near-elimination of a disease, may well cause a set-back to the immunisation campaign of a more extensive and more permanent nature, and thus provide an opportunity for a recrudescence of epidemic diphtheria. It is imperative that the public should be aware of the great advantages of immunisation compared with the questionable risk of poliomyelitis following inoculation and warned of the effects of a possible return of outbreaks of virulent diphtheria.

There were no deaths from diphtheria among children of school age.

SUMMARY OF IMMUNISATION STATE OF CHILD POPULATION AT END OF 1950.

Year.	Children under five years.			Children aged 5—14 inclusive.		
	Number Immunised.	Estimated Population.	Per cent. Immunised.	Number Immunised.	Estimated Population.	Per cent. Immunised.
1950 ...	86,202	168,780	51·1	207,341	272,080	76·2
1949 ...	84,833	167,430	50·7	195,417	265,800	73·5
1948 ...	80,069	165,111	48·4	183,861	258,898	71·0
1947 ...	74,145	155,203	47·7	191,518	248,371	77·1
1946 ...	68,813	142,622	48·2	185,100	247,107	74·9

Health Education.

Health education, in its various aspects, continues to play an important part in the activities of parent-teacher associations. The meetings arranged by these associations can be of the greatest value to the health of the children, for parents and teachers together can discuss their problems with doctor or nurse. Films are frequently used and topics cover a wide field.

A number of display stands have been produced by the Health Department and these can be used to illustrate various health topics from time to time. The stands have been used in school clinics, amongst other places, and have aroused considerable interest, forming as they so often do, the starting point for talks and discussions.

The showing of health films in the schools, so successfully carried out in 1948, was not possible during the year owing to other commitments of the health education section of the Health Department. The great importance of this work is, however, fully realised by both Health and Education Committees, and it is intended that it should be resumed in the very near future.

MEDICAL INSPECTION.

Inspection is carried out in the schools and at clinics and is of three kinds.

1.—Periodic.

The Education Act provides that a Local Education Authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the Authority. These inspections are made at certain times during school life and the parent cannot refuse to submit the child for inspection unless there is a reasonable excuse.

Regulations issued by the Ministry of Education require that these periodic examinations shall provide that :—

(a) Every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of admission.

(b) Every pupil attending a maintained primary school shall be inspected during the last year of his attendance at such school.

(c) Every pupil attending a maintained secondary school shall be inspected during the last year of his attendance at such school.

(d) Every pupil attending a maintained school or County college shall be inspected on such other occasions as the Minister may direct.

2.—Special.

These inspections concern children not due for periodic inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected.

3.—Re-inspection.

This is for children who, at a previous inspection, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1950 :—

Number of Schools in which Periodic Medical Inspection was completed	873
Number of Pupils examined :—	
“ Entrants ”	28,824
“ Second Age Group ”	19,991
“ Third Age Group ”	15,762
Total (Prescribed Groups)	64,577
Number of Special Inspections	40,078
Number of Re-inspections	47,281
Number of Parents present at Periodic Inspections... ..	26,892
Number of Parents present at Special Inspections	25,504

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Table 1 (C)* and Table 2 (A)* gives a detailed analysis of the defects found at periodic and special inspections.

General Condition.

The figures in Table II (a) show no really significant change but it is of interest to observe that the trend, though slight, during the last few years for the proportion of children with "poor" nutrition to decrease, has steadily continued. This is shown by the following figures :—

1947 ...	...	...	...	...	3.83 per cent.
1948 ...	...	...	...	...	3.51 per cent.
1949 ...	...	...	...	...	2.91 per cent.
1950 ...	...	...	...	...	2.54 per cent.

It is now well-known that some variation is inevitable in the assessment of the general condition on clinical grounds when a number of examining medical officers are concerned. These differences are, of course, less obvious in the aggregate when the staff is large but the above figures appear to indicate that in the County staff there is, over a period, a high degree of uniformity in the standards employed.

Uncleanliness.

The school nurses have great opportunities for education among parents when dealing with the problem of uncleanliness in school children. Routine and follow-up visits are paid to schools and parents are seen in the home when necessary. It is well known that verminous children are to be found in the same families, time after time, and these families form a hard core upon which it is difficult to make any impression. It is true that the effects of legal action may be salutary but in the end it is the constant effort of the nurses which ultimately tells. This work is often arduous and the nurses' tact and sympathy, too, are exercised to good purpose in helping to alleviate this problem in the community.

Cleanliness inspections were carried out in the schools during the course of 9,165 visits by the school nurses, an average of 7.7 for each school for the year. At these visits 536,973 examinations were made and 18,012 children were found to be verminous. This was 581 less than in 1949, or 6.7 per cent. of the children on the school roll, compared with 7.0 per cent. the previous year.

There was, therefore, a slight decrease. Comparative figures are shown below :—

1940-44 (mean) ...	...	...	...	8.74 per cent.
1945 ...	...	...	...	10.17 per cent.
1946 ...	...	...	...	8.72 per cent.
1947 ...	...	...	...	7.50 per cent.
1948 ...	...	...	...	6.6 per cent.
1949 ...	...	...	...	7.0 per cent.
1950 ...	...	...	...	6.7 per cent.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Minor Ailments.

Minor ailments continue to be treated in large numbers at 91 school clinics which act as focal points for doctor, nurse, parent and child. Children are seen there who have been referred by the school doctor for further investigation or treatment in addition to the large numbers who come for the treatment of a great variety of minor ailments. Others are brought by their parents for consultation with the doctor.

Many additional clinics are still needed, some urgently, but no new building was possible during the year. One of the Huyton clinics was transferred to better premises which had been acquired by the Council.

Skin Diseases.

The special skin clinics in Widnes, Eccles and Radcliffe were held only for part of the year and were then closed, as the specialist in charge became a whole-time officer of the regional hospital board of the area, with other duties. These clinics have been a valuable experiment and have shown, since they were opened in 1946, that they fulfilled a real need. Their closure was regretted by all concerned, as children suffering from obscure or intractable skin conditions from a fairly wide area could be seen by the specialist and the treatment supervised at the local school clinics. One of the medical officers in his report remarks that "few parents are willing to spend the time travelling to the nearest hospital skin clinic with the prospect of a long wait in the out-patient department and readily find an excuse to avoid these tedious journeys." The end result is that very frequently the treatment is inadequately supervised and often, in its place, other unsuitable remedies are applied.

It is difficult to escape the conclusion that the school clinic has an important function in assisting in the treatment of many medical conditions, and it has yet to be shown that the great advantages of its accessibility do not offset, in large measure any benefits there may be in providing treatment in other ways.

* For this table please refer to Appendix.

The number of children treated for Ringworm continues to fall. There was no local outbreak of the disease. The numbers treated in school clinics during the past few years being :—

1946 ...	...	...	...	...	...	...	309
1947 ...	...	...	...	...	...	...	259
1948 ...	...	...	...	...	...	...	268
1949 ...	...	...	...	...	...	...	156
1950 ...	...	...	...	...	...	...	122

There was a further reduction in the number of children treated for scabies and impetigo, by 40.0 per cent. and 4.2 per cent. respectively, an indication of sustained improvement in the standard of cleanliness. The figures are :—

			Scabies.		Impetigo.
1946	...	...	2,460	...	4,154
1947	...	...	1,363	...	3,082
1948	...	...	608	...	2,256
1949	...	...	405	...	1,613
1950	...	...	243	...	1,546

Defective Vision and Squint.

The number of children found at periodic inspection to have defective vision was 4,989, or 7.73 per cent. of those examined, and of these 2,529 were found to require spectacles.

There are in the County 65 ophthalmic clinics attended by ophthalmic surgeons for carrying out refractions and prescribing spectacles, which were up to July 5th, 1948, supplied through the Committee's arrangements with various opticians throughout the County.

The supply of spectacles is now a function of the Local Executive Council with whom there has been the closest co-operation, and spectacles are obtained through opticians who are recognised by the Local Ophthalmic Services Committees. The greatly increased demand for the supply of spectacles since 1948 resulted inevitably in a much longer waiting period after their prescription. The position was serious for children, and became acute in 1949, when only 26 per cent. of the number of glasses prescribed were, in fact, supplied during the course of the year. The pendulum, however, then began to swing the other way, and in 1950 nearly twice as many spectacles were supplied, 5,342, or 57 per cent. of the number prescribed, compared with 2,717 in 1949. There was considerable variation in the length of the waiting period from area to area but the overall improvement was unmistakable.

Orthoptic clinics for the treatment of squint are held at four centres in Chorley, Eccles, Leigh and Waterloo. At all clinics 740 children attended for treatment, 83 of whom were referred to hospital for operative treatment. Regularity of attendance is a notable feature of these clinics, and there is most willing co-operation from parents. Many children under school age attend and although all forms of treatment are not appropriate for them, regular vision checks and occlusion can be carried out from an early age with very successful results. At one clinic, for example, in 61 children of pre-school age who had defective vision on account of squint, the visual acuity became normal. As Miss P. T. Dalby remarks in her report on the Eccles clinic : "These children must be seen at regular intervals so that their visual acuity does not deteriorate and to ensure that as soon as they reach the age of seven years they can be given the more intensive form of treatment by exercises." There is no doubt that the early treatment of these children is of the greatest value from many points of view and the existence of these clinics as part of the School Health Service means that, with the help of the doctors, school nurses, teachers and others, parents are most ready to make full use of the facilities provided.

Diseases of Ear, Nose and Throat.

Minor diseases of the ear, nose and throat are treated at the minor ailment clinics. Sessions are also held in 16 areas attended by specialists to whom medical officers refer children for further consultation. These sessions are valuable in providing an opportunity for the specialists to confer with parents and school doctors.

There is a close link between the medical officers in the service, the hospital specialists and the general practitioners and many children are referred to hospital for treatment. The number of children treated by operation for adenoids and chronic tonsillitis dropped from 3,633 to 3,054, and while this may have been partly due to postponement of the treatment on account of the presence of poliomyelitis in certain areas, it was also quite clear that in some parts of the County the waiting period was increasing and might be as long as a year or more. This was due to difficulties experienced by the Regional Hospital Boards in maintaining adequate arrangements at the hospitals. This matter was fully discussed with officers of the Hospital Boards.

Orthopædic and Postural Defects.

There has been no change in the arrangements for the admission of children from the County area to the Biddulph Grange Orthopædic Hospital, now controlled by the Midland Regional Hospital Board. Treatment is also provided at the Ethel Hedley Hospital, Windermere, Heswall Children's Hospital and the Rochdale Children's Orthopædic Hospital. These are all recognised as

special schools and full provision is made for the varying educational needs of the children while treatment, which is often prolonged, is being carried out. The Lancashire Education Committee continues to be responsible for the provision of the educational requirements at the Biddulph Orthopædic Hospital.

There are 28 after-care centres in the County, each visited at least once a month by an orthopaedic surgeon.

The following tables give some details of the treatment received in 1950 —

	Biddulph Orthopædic Hospital.		Ethel Hedley Orthopædic Hospital.	Rochdale Children's Orthopædic Hospital.	Royal Liverpool Children's Hospital.	
	Cases admitted under Orthopædic Scheme.	Cases admitted outside the Scheme.			Myrtle Street Hospital.	Heswall Country Hospital.
In-Patients, 1st January, 1950 ...	83	5	11	4	...	7
Admitted during the Year ...	88	23	8	28	45	32
Discharged during the Year ...	115	6	13	18	44	27
Remaining on 31st December, 1950	56	22	6	14	1	12

Name of Hospital.	Congenital Defects.			Diseases of the Central Nervous System.		Affections of Bone.	Acquired Defects.	Total Defects.
	Spine.	Upper Limbs.	Lower Limbs.	Anterior Polio- Myelitis.	Spastic Paralysis.			
Biddulph— Cases admitted under Orthopædic Scheme	8	7	23	18	12	7	13	88
Cases admitted outside the Scheme	1	...	6	10	1	2	3	23
Ethel Hedley ...	1	...	3	1	...	1	2	8
Rochdale Children's ...	...	...	10	3	5	6	4	28
Liverpool Myrtle ... Street	2	...	15	7	3	2	16	45
Heswall Country ...	1	1	6	3	6	7	8	32
Total	13	8	63	42	27	25	46	224

After-Care Centres.

The following is a summary of the work done during the year in the After-Care Centres :—

	Children Attending School.	Pre-School Children.
No. of individual children attended	3,281	1,741
Total no. of attendances made	15,422	7,647
No. of children referred to Consultant Orthopædic Surgeon at Hospitals (Manchester Royal Infirmary or Myrtle Street)	58	33
No. of children recommended for operative treatment by orthopædic surgeons at centre or hospital	169	51
No. of plasters made at centre	75	68
No. of surgical appliances, <i>e.g.</i> , boots, irons, etc., supplied through centres	1,319	811
No. of children given remedial exercises	1,518	655

Defects from which children were suffering :—

						Children Attending School.		Pre-School. Children.
Paralysis—								
Infantile	...	...	...	...	...	193	...	55
Spastic	...	...	...	...	...	141	...	35
Other	...	...	...	...	...	17	...	14
Deformities—								
Congenital	...	...	...	...	...	476	...	357
Traumatic	...	...	...	...	...	75	...	19
Other	...	...	...	...	...	1,950	...	781
Rickets	...	...	...	...	...	159	...	421
Infections	...	...	...	...	...	75	...	5
Tuberculosis	...	...	...	...	...	19	...	1
Tumours	...	...	...	...	...	28	...	5
Miscellaneous	...	...	...	...	...	148	...	48
Total						3,281	...	1,741

SCHOOL CLINIC ATTENDANCES.

The following table shows the number of sessions held and the number of attendances made at the various departments of the 103 school clinics :—

Department.	No. of Sessions.	Attendances.	
		Pupils in Attendance at School.	Pre- School Children.
Minor Ailments and Inspection	... 11,669 ...	164,050	... 4,891
*Dental	... 10,035 ...	84,928	... 3,915
Orthodontic... ..	... 406 ...	1,969	
Ophthalmic	... 2,156 ...	29,894	... 2,940
Orthoptic	... 1,359 ...	6,298	... 1,078
Orthopædic—			
Administrative County Clinics	... 2,229 ...	15,422	... 7,647
County Borough Clinics	... 472 ...	1,021	... 696
Ear, Nose and Throat	... 194 ...	2,315	... 239
Artificial Light	... 1,362 ...	14,622	... 10,069
Speech Therapy	... 1,432 ...	7,431	... 178
Child Guidance	... 411 ...	1,101	
Skin	... 19 ...	355	... 69
Miscellaneous—			
Asthma, Cardiac, etc.	... 62 ...	721	... 10
Total	... 31,806 ...	330,127	... 31,732

* In addition Nursing and Expectant Mothers made 3,974 attendances at the Dental Clinics during the year.

NAME OF CLINIC.	MINOR AILMENTS.		ENTAL.		ORTHO-DONTIC.	OPHTHALMIC.		ORTHOPTIC.		EAR, NOSE AND THROAT		ORTHOPÆDIC.		ARTIFICIAL LIGHT		SPEECH THERAPY.	
	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.		Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.	Pupils in Attendance at School.	Pre-School Children.
Nelson, Carr Road ...	2,277	14	936	...	...	1,685	246	...	...	112	4	492	370	...	...	1,139	10
Nelson, Manchester Road ...	877	37	...	...	...	262	25	...	...	...	...	...	...	...	...	...	...
Ormskirk ...	1,689	24	953	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Orrell ...	820	12	1,065	21	88	560	51	...	...	...	...	681	463	...	...	...	...
Oswaldtwistle ...	524	21	...	...	...	267	7	...	...	...	...	...	...	...	...	...	...
Padiham ...	1,932	112	...	...	...	306	27	...	...	...	...	...	...	...	...	...	...
Poulton-le-Fylde ...	1,031	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Preston ...	493	13	1,781	123	91	217	10	...	...	...	...	802	378	...	...	...	...
Preston ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Radcliffe ...	4,786	42	1,499	14	1	424	5	...	...	...	...	...	...	...	...	543	...
Rainford ...	129	...	176	8	36	...	...	...	...	...	...	...	...	...	...	...	...
Ramsbottom ...	1,137	20	2,035	47	...	471	13	...	...	...	...	...	...	...	...	...	...
Rawtenstall ...	3,131	282	947	10	...	221	72	...	...	47	20	271	168	...	...	756	97
Rishton ...	447	...	...	...	...	252	10	...	...	...	...	273	236	...	...	...	...
Rochdale ...	...	...	...	...	...	218	115	...	...	...	...	...	...	...	...	...	...
Royton ...	1,442	26	600	10	17	291	5	...	...	...	...	...	...	...	...	...	...
Skelmersdale ...	135	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Standish ...	959	...	...	...	...	259	40	...	...	...	...	...	...	...	...	...	...
Stretford, Old Trafford ...	2,624	62	964	...	20	593	177	...	...	246	54	1,299	858	...	...	57	...
Stretford, Mitford Street ...	759	32	3,282	670	51	...	...	...	...	...	...	...	...	...	...	95	10
Stretford, Trafford Park ...	636	60	...	174	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Lostock ...	1,685	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton and Pendlebury, Folly Lane ...	...	...	1,051	62	91	...	...	...	...	...	...	...	...	...	...	...	...
Swinton and Pendlebury, Victoria Park ...	2,714	6	1,117	49	99	430	8	...	...	370	7	205	167	...	...	121	...
Thornton Cleveleys ...	1,013	24	2,707	294	117	260	30	...	...	...	...	...	...	...	...	407	...
Tottington ...	61	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tyldesley ...	1,139	3	1,115	8	...	696	16	...	...	...	...	...	...	...	...	...	...
Ulverston ...	583	38	2,057	71	167	322	52	...	...	...	...	228	35	...	...	...	...
Walkden ...	883	12	1,371	47	179	268	17	...	...	...	...	94	70	...	...	...	...
Westthoughton ...	1,014	2	987	36	22	556	42	...	...	...	...	...	...	...	...	...	...
Whitefield ...	1,322	56	...	...	...	723	61	...	...	...	...	338	241	...	...	...	...
Whitworth ...	684	...	298	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Kingsway ...	5,876	92	5,721	300	146	463	36	...	...	...	...	...	...	...	...	...	...
Widnes, Mill Brow ...	1,670	200	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Town Hall ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	164,050	4,891	84,928	3,915	3,974	29,894	2,940	6,298	1,078	2,315	239	15,422	7,647	14,622	10,069	7,431	178

HANDICAPPED PUPILS.

It is the duty of local education authorities to make suitable provision for handicapped pupils in the area. There are eleven categories, as follows :—

Blind	Educationally Sub-Normal
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Deaf	Physically Handicapped
Delicate	Speech Defects
Diabetic	

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories can continue their education at ordinary schools if suitable provision is made for them and this method is used extensively in the County area.

Many pupils, however, must be educated in special schools if their abilities and aptitudes are to be developed to the fullest extent and some of these who are still attending ordinary schools only do so because there are no vacancies in special schools. In the County area where the school children are more scattered than in the towns the chief need is for residential schools if provision is to be made for the more seriously handicapped pupils.

Broughton Tower, a residential school for delicate boys and girls, which was opened in 1947, and Brynbella, Rawtenstall, a hostel for maladjusted boys, opened in 1948, both continued to prove their high value in dealing with particular types of children. Bleasdale House, Silverdale, a special school for physically handicapped boys, first opened in 1949, has gone far towards filling a most urgent need and its scope will be extended with the completion of the work of adaptation begun during the year to increase accommodation from 20 to 40.

Progress was also made in connection with two other projects, Keppleway, Broughton-in-Furness, a residential school for physically handicapped girls, and Sedgwick House, near Kendal, for epileptic boys and girls. In both, the work of adaptation was put in hand during the year.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in Table 6.*

Delicate Pupils.

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for boys and girls, and through six day special schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes; also by arranging for their admission to various residential special schools administered by other local education authorities and voluntary bodies and to convalescent homes.

BROUGHTON TOWER.

This school completed its third full year, and continued to provide residential care for children suffering from delicacy due to a variety of causes.

Resident in school on January 1st, 1950	...	...	...	...	...	...	...	...	42
Admitted during the year	...	...	...	...	...	...	...	...	64
Discharged during the year	...	...	...	...	...	...	...	...	62
Resident in school on December 31st, 1950	...	...	...	...	...	...	...	...	44

The following report has been received from Dr. J. L. Wild, Divisional Medical Officer for the area :—

“The table below gives details of the 64 children admitted during 1950, of whom 41 were boys and 23 girls :—

Diagnosis.	No. of Children.								
Asthma	...	...	...	...	...	...	...	...	21
Debility	...	...	...	...	...	...	...	...	13
Bronchitis	...	...	...	...	...	...	...	...	9
Bronchiectasis	...	...	...	...	...	...	...	...	12
Rheumatic Endocarditis	...	...	...	...	...	...	...	...	2
Miliary Tuberculosis (healed)	...	...	...	...	...	...	...	...	1
Tuberculous Cervical Adenitis	...	...	...	...	...	...	...	...	1
Tuberculous Pulmonary Adenitis	...	...	...	...	...	...	...	...	1
Epispadias	...	...	...	...	...	...	...	...	1
Coeliac Disease	...	...	...	...	...	...	...	...	1
Eczema	...	...	...	...	...	...	...	...	1
Chorea	...	...	...	...	...	...	...	...	1

* For this table please refer to Appendix.

“The admissions in the four largest groups, *viz*: asthma, debility, bronchitis and bronchiectasis, were 86 per cent. of the total compared with 85 per cent. in 1949 and 75 per cent. in 1948.

Age on Admission.

Under 7 years	...	...	...	...	...	...	...	...	3
7— years	...	...	...	...	...	...	...	...	8
8— years	...	...	...	...	...	...	...	...	11
9— years	...	...	...	...	...	...	...	...	10
10— years	...	...	...	...	...	...	...	...	13
11— years	...	...	...	...	...	...	...	...	13
12 years upwards	...	...	...	...	...	...	...	...	6

“Average age on admission.—nine years 11 months.

“The following table shows the length of stay in the school :—

Under 6 months	...	...	...	...	...	...	...	...	11
6 months	...	...	...	...	...	...	...	...	19
7 months	...	...	...	...	...	...	...	...	7
8 months	...	...	...	...	...	...	...	...	10
9 months	...	...	...	...	...	...	...	...	3
10 months	...	...	...	...	...	...	...	...	5
11 months	...	...	...	...	...	...	...	...	2
12 months	...	...	...	...	...	...	...	...	4
18 months upwards	...	...	...	...	...	...	...	...	1

“The average length of stay is $7\frac{3}{4}$ months, but it will be noted the most frequent period is approximately six months.

Comparison of Weights on Admission and Discharge of Children discharged during 1950.

					Number of Children.
Underweight on admission	...	...	...	...	42 (68 per cent.)
Underweight on discharge	...	...	...	...	29 (47 per cent.)
Normal weight on admission	...	...	...	...	20 (32 per cent.)
Normal weight on discharge	...	...	...	...	33 (53 per cent.)

“It has been remarked in previous reports that these results may appear disappointing, but a comparison of the increase in weight which occurs in Broughton Tower, with the increase in weight of normal children as shown in the table below gives a better idea of the improvement which takes place while the children are at the school :—

Comparison between the Monthly Average Increase in Weight of Children in Broughton Tower and that of Normal Children.

Age in years on on Admission.	Number of Children.	Average increase per month at Broughton Tower.	* Average increase per month of normal children.
5— ...	1	ounces. 12·06	ounces. 5·2
6— ...	2	11·25	5·73
7— ...	7	9·7	6·6
8— ...	11	15·4	6·73
9— ...	11	17·5]	8·8
10— ...	14	18·73	8·0
11— ...	11	23·17	12·3
12 and over	5	21·18	12·2

* These figures are taken from a table in Holt's "Disease of Infancy and Childhood."

"The most gratifying factor and the most noticeable to a regular visitor is the truly remarkable psychological and sociological improvement in the children. This has always been a feature of the school and is due mainly to the pleasant and harmonious atmosphere created and maintained by the matron, the sister, the teaching, nursing and domestic staff. The children are treated with kindness, sympathy and understanding and, when necessary, with a modicum of firmness. There is no doubt that this atmosphere has contributed greatly to the beneficial results which have been achieved.

"During their stay in the school, the children received such specialist attention and treatment as they required, notably from Dr. Leggat, Consultant Chest Physician, Dr. Bottrill, Pathologist, both of whom visited the school regularly, and also from the Dental Officer and Ophthalmologist of the County staff. Dr. Southern, of Broughton, was always most helpful when called upon to attend the children during illness.

FOLLOW-UP REPORTS.

"Follow-up reports are made at intervals about children's health, after their discharge from the school. The reports include an assessment of the general condition, particularly in regard to improvement or deterioration and a recommendation is made as to further treatment.

"Details of 55 children discharged in 1950—

General Condition—

Improved.—37.

Remained stationary.—11.

Deteriorated.—7.

Recommendations.—

Fit to remain in ordinary school.—45.

Should return to special school as soon as possible.—6.

Should attend day special school.—1.

Should have a short stay in convalescent home.—3.

Conditions for which admitted—

Asthma.—21.

Debility.—10.

Bronchiectasis.—9.

Bronchitis.—8.

Tuberculous Cervical Adenitis.—2.

Oral Ulceration.—1.

Epispadias.—1.

Healed Miliary Tuberculosis (Pulmonary).—1.

Tuberculous Mediastinal Adenitis.—1.

Rheumatic Endocarditis.—1.

Asthma.

"The table which follows shows in detail how this group of children have fared since leaving Broughton Tower by comparing individually (a) the weight increase per month and, (b) the frequency of asthmatic attacks, at the school and at home. It will be noted that the weight increase was maintained in only four instances.

"There was an increase in the frequency of attacks in twelve of the 21 children. Four children who had been free from attacks in Broughton Tower remained so at home, whilst four others had a diminished number of attacks at home.

"There is no doubt that the asthmatic attacks diminish in frequency whilst the children are at the school, but a large proportion relapse when they return home. Regular hours, proper feeding and absence of family and domestic conflicts account in great measure for this improvement.

"In the 12 children whose attacks were more frequent after discharge, the general condition had deteriorated in only four. Improvement in the general condition was noted in 13 out of the 21 in the whole asthmatic group and this no doubt accounts, to some extent, for the fact that only three were recommended for re-admission to the school. This is a marked change from the previous year when it was considered that nine out of a group of 17 should be re-admitted. All these children remain under observation and a further report will be issued in due course.

COMPARISON OF THE CONDITION OF ASTHMATIC CASES IN BROUGHTON TOWER AND AT "FOLLOW-UP" EXAMINATION.

IN BROUGHTON TOWER.			AT "FOLLOW-UP" REPORT.			
Case.	Frequency of Attacks.		Frequency of Attacks.		General condition since discharge.	Recommendation.
M. J.	Nil	...	1 in 18 months	...	Improved	Fit for ordinary school.
R. S.	1 in 7 months	...	1 in 7 months	...	Improved	Fit for ordinary school.
M. A.	Nil	...	Nil	...	Improved	Fit for ordinary school.
L. G.	1 per month	...	4 per month	...	Improved	Fit for ordinary school.
T. F.	Nil	...	Nil	...	Improved	Fit for ordinary school.
M. B.	12 in 4 months	...	1 in 4 months	...	Improved	Fit for ordinary school.
D. M.	1 in 5 months	...	15 in 5 months	...	Remained stationary	Fit for ordinary school.
C. J.	Nil	...	Nil	...	Improved	Fit for ordinary school.
A. C.	40 in 10 months	...	5 in 10 months	...	Improved	Fit for ordinary school.
R. R.	Nil	...	30 per month	...	Deteriorated	Fit for ordinary school.
S. J.	4 in 5 months	...	2 in 5 months	...	Improved	Admission to Convalescent Home
E. N.	2 in 5 months	...	5 in 5 months	...	Improved	Fit for ordinary school.
K. W.	8 in 4 months	...	1 in 4 months	...	Improved	Fit for ordinary school.
P. A.	Nil	...	1 in 9 months	...	Improved	Fit for ordinary school.
P. B.	Nil	...	Nil	...	Remained stationary	Fit for ordinary school.
J. B.	1 per month	...	30 per month	...	Deteriorated	Return to Special School soon.
K. H.	6 per month	...	30 per month	...	Remained stationary	Fit for ordinary school.
J. K.	2 in 1 month	...	12 in 1 month	...	Deteriorated	Return to Special School soon.
T. W.	Nil	...	1 in 12 months	...	Deteriorated	Return to Special School soon.
E. M.	1 per month	...	2 per month	...	Remained stationary	Fit for ordinary school.
S. D.	1 in 3 months	...	9 in 3 months	...	Improved	Fit for ordinary school.

Debility.

"In this group of ten children, eight improved and two remained stationary as regards their general condition. Only one child was recommended to return to special school, whereas nine were fit to remain at ordinary school. This group maintained its improvement to such an extent that five of the ten were now no longer regarded as delicate.

Bronchiectasis.

"The following are the details of this group of nine children :—

General condition—

Improved.—4.

Remained stationary.—4.

Deteriorated.—1.

Recommendations—

To remain in ordinary school.—4.

To return to special school as soon as possible.—2.

To attend day special school.—1.

To have a period in a convalescent home.—2.

"Four children discharged as normal have maintained this status with no deterioration in the chest condition.

"From a close study of the cases in this group it has been seen that those which do best are the children who have a period of 'building-up' at the school first, then are transferred to hospital for surgery, if considered suitable for such treatment, and then return for a further period of convalescence.

"Whenever possible, before admission to the school, these children are investigated at chest hospitals where a decision is made as to the necessity or otherwise for surgical treatment. Arrangements are then made for this treatment to be undertaken after a period at the school.

"There is much to be gained from adequate 'follow-up' examinations at chest clinics and for after-case treatment of these children when discharged from Broughton Tower.

Bronchitis.

"Of the eight children in this group, seven showed an improvement. One girl showed some deterioration and investigations were carried out as bronchiectasis was suspected. She was however, fit to remain in an ordinary school as were the other seven children in this group.

"Of the seven who improved, six maintained their improvement, in general condition and in their specific disability, to such an extent that they were no longer regarded as delicate.

Miscellaneous Group.

"The following are the details of this group :—

Improved.—5.

Remained stationary (Tuberculous Pulmonary Adenitis).—1.

Deteriorated (Rheumatic Endocarditis).—1.

Recommendations—

To remain in ordinary school.—7."

DAY SPECIAL SCHOOLS.

The six day open air schools at Darwen, Eccles, Nelson, Stretford, Swinton and Widnes continue to serve a most useful purpose and are of real value for children suffering from certain types of delicacy.

OTHER RESIDENTIAL SPECIAL SCHOOLS AND CONVALESCENT HOMES.

During the year arrangements were made for 51 children to be admitted to nine residential schools under other education authorities and voluntary bodies; 371 children received treatment for periods of one, two and three months at 13 convalescent homes, many of them administered by the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

Maladjusted Pupils.

Many maladjusted pupils receive treatment at the child guidance clinics while continuing to attend school. Some can only be satisfactorily treated away from their homes and a few of these were found places in special schools or boarding homes. The Committee has one boarding home at Rawtenstall, which was opened in 1948.

BRYNBELLA, RAWTENSTALL.

The following report has been received from Dr. W. Louise Devlin, the psychiatrist in charge of the treatment of the boys in the hostel :—

“ This was the second year during which regular psychiatric supervision and treatment was carried out for the children resident in Brynbella.

“ Eleven boys were admitted during the year and six were discharged. Three of the latter were only discharged at the parents’ request, and not because we considered that they were fit to go. This is, of course, regrettable, but is to be expected from time to time, as some of the parents have such severe neurotic difficulties that they cannot take an objective view of the situation. Two of the children discharged under these circumstances have had a relapse and we have no recent information about the third. Of the other three, two of whom we discharged because they had improved sufficiently to leave, and one because he was leaving school, two are known to be getting on reasonably well ; the third, who went abroad to join his parents, has not settled very happily.

“ This emphasises the importance of after-care, which is a very real need for all children after their discharge from any hostel of this kind. We are handicapped by the fact that so little time is available for this work.

“ An epidemic of scarlet fever occurred in Brynbella during the year under review, and a few of the boys were seriously ill. They all made a good recovery, however, and settled down easily afterwards.

“ We have felt, during 1950, that a good deal of work was done towards rescuing potential delinquents. Two adolescent boys, who might well have quickly found themselves in approved schools, co-operated very well in their treatment and made good progress during the year. We are not, of course, equally fortunate in dealing with all cases of this kind.

“ We were particularly concerned in regard to one boy, during the year, with the question of future placement, *i.e.*, for children who are ready for discharge from the hostel, but whose homes, in spite of all our efforts, remain unsuitable to receive them. This boy is an adopted child, who continues to be seriously rejected by his adoptive parents. He originally reacted to this rejection by stealing, which the parents could not tolerate. They consistently refused to visit him after his admission to Brynbella, and finally, when he had improved sufficiently to leave the hostel, they were very much against having him home, stating that they would only have him back if they were compelled. We could not, therefore, allow this child to return home, and have retained him in the hostel. The parents have refused to contribute towards his upkeep if he were placed in a foster home and the problem of placing him has still to be solved. We have usually only admitted children whose parents are capable of some degree of co-operation but in view of this boy’s great need for help, we made an exception in his case. It is probable that the occasional exception will always have to be made. Much more help is needed in regard to the placement of such children when the time comes for their discharge from the hostel.

“ In November, 1950, it was agreed that the responsibility for the psychiatric supervision and treatment of the children at Brynbella should in future be divided among the three child psychiatrists on the County staff, *i.e.*, my two colleagues and myself, with the assistance of our psychiatric social workers.

“ The co-operation of the resident staff continued to be very good throughout the year, and we have appreciated this very much.”

CHILD GUIDANCE CLINICS.

There are three clinics in the County area, at Huyton, Failsworth and Blackburn, each with a psychiatrist as medical director. The Blackburn clinic re-opened only in September when the new psychiatrist took up her duties.

The following is a summary of the work done at the three clinics during 1950 :—

Number of Pupils.	Huyton.	Failsworth.	Blackburn.
Referred 	49	165	53
Withdrawn from register 	16	18	5
Given diagnostic interview 	25	110	19
Found suitable for treatment ...	16	59	16
Unsuitable for treatment 	9	51	3
Attended for treatment 	22	35	23
Treatment completed 	14	13	3
Much improved 	9	4	2
Improved 	4	5	12
No change 	1	4	11

The numbers shown as having been given an initial diagnostic interview include not only, in the main, those referred during 1950, but a certain number also from the waiting list of the previous year. There are many reasons for unsuitability for clinic treatment, the chief ones being educational subnormality and the impossibility of establishing co-operation with the home. Pupils not put on the waiting list for treatment may be recommended for special schools for educationally sub-normal pupils or for schools or hostels for the maladjusted, or occasionally for mental hospital treatment.

Huyton.

Dr. W. Louise Devlin, the psychiatrist in charge of the Huyton clinic, reports as follows :—

“ It is now well over five years since this clinic was established and the demands made upon it continue to exceed, to a very great degree, the amount of service which can actually be given. For a little more than the first half of the year 1950, we still had the services of a psychiatric social worker but after her resignation we were unfortunately unable to replace her. Every effort was made to keep the clinic functioning on what can only be described as an emergency basis since the psychiatrist had to see all parents, who of course, are usually seen by the psychiatric social worker, as well as the children. This inevitably reduced the amount of work which could be done with the children.

“ At my own request, the number of children referred for diagnostic interviews during the latter part of the year was kept as low as possible. By this means we managed to cope with our diagnostic work, but at the end of the year there were 105 children who had been seen for diagnostic interview and were still awaiting treatment. This constitutes a very serious problem as both parents and children become discouraged by the long waiting time.

“ Our psychologist, fortunately, remains with us and continues, in addition to the clinic work, to assist the medical officers in their work of intelligence testing. This part of her work has now become more hopeful and satisfying with the opening of the day special school at Widnes where some of the children tested are able to receive appropriate educational treatment.

“ On an average at least one session per fortnight of the psychiatrist's time is devoted to the treatment of parents whose children are away at schools and hostels for the maladjusted. This, though it reduces still further the amount of time which can be given to clinic cases, is absolutely essential and, with the exception of the occasional parent who is completely unco-operative, has proved to be well worth while.

“ As regards the referrals for the year, it is noteworthy that very few cases (in fact only two) showing psychosomatic symptoms were referred ; the greater number being referred on account of behaviour disorders and habit disorders. As I have indicated in a previous report, the reason for referral does not, of course, give any clue to the real source of trouble, but is interesting from a social point of view.

“ In conclusion, we would like to say that it is a matter of very serious concern to us that this clinic cannot be adequately staffed. The need for the work in this area is very great and the co-operation of the community is, on the whole, good ; so that the present situation is particularly unfortunate.

“ We would again like to express our sincere thanks to the staffs of the various County services with whom we have been in contact for their continued help and co-operation.”

Failsworth and Whitefield.

Towards the end of the year new premises were opened for child guidance work in the Whitefield school clinic. The work here will, eventually, replace that carried out at the Failsworth centre.

Dr. E. Gostynski, the psychiatrist in charge of the Failsworth and Whitefield Clinics, reports as follows :—

“ The past year has seen the beginning of an expansion of our activities to at least double their previous scope. The increase in our work dates from November 1st, 1950 ; statistical figures cannot, therefore, show a corresponding increase this year. We have been fortunate in that an additional psychiatric social worker has been appointed. The clinic now holds eight sessions per week. Of these, two are diagnostic sessions, one is reserved for case conferences and five are treatment sessions.

“ On the diagnostic side the increased number of referrals has lengthened the waiting period before initial interview and this period is now between five and six months. We are, however, seeing four new cases each week at present ; the waiting period should therefore show a considerable decrease during the course of the next year. On the treatment side there has been a similar increase in the number waiting. We have been making further use of the scheme begun last year which for the want of a better name at the moment we call “ treatment by follow-up visits.” In this way all work is done with the parents in the form of periodic visits, made either by the parents at the clinic or by the psychiatric social workers at the parents' home. It is our impression that it is possible in this way to deal with a number of cases in which the handling of the child appeared to be obviously faulty at the initial interview or where we had indications that the child's symptoms might be temporary and could be cleared up by treating the mother instead of the child.”

Blackburn.

Dr. A. F. Mary Christie, the psychiatrist appointed to replace Dr. W. L. Hardman, took up her duties in September and attended four sessions weekly. She will report later on the work of this clinic.

Speech Defects.

Speech therapy was carried out by three whole-time and three part-time speech therapists. The supply of qualified speech therapists is still extremely limited though there is a little improvement.

Every effort is made to carry out audiometer tests, ear, nose and throat examination and a general medical examination for those children recommended for speech therapy and, when possible, there is close co-operation with the child guidance team.

The following is a summary of the work done at the various centres :—

CLINIC.	No. attending for treatment.	Discharged cured.	Discharged improved.	Referred to Special School.	Treatment suspended.	Ceased attendance.	Still attending.
Accrington	22	3	1	...	...	...	18
Ashton-under-Lyne	61	6	...	...	16	15	24
Darwen	30	5	4	...	5	4	12
Davyhulme	12	...	1	4	7	...	...
Denton	43	3	2	...	17	4	17
Eccles	15	3	3	4	3	2	...
Huyton	21	4	3	...	1	...	13
Lancaster	22	3	2	...	1	3	13
Lytham St. Annes	21	6	2	...	...	...	13
Nelson	44	5	5	...	3	2	29
Preston	30	7	3	...	...	2	18
Rawtenstall	27	2	3	...	...	...	22
Stretford, Old Trafford ...	9	1	4	...	1	...	3
Stretford, Mitford Street ...	23	1	2	...	...	3	17
Swinton	17	...	2	1	...	...	14
Thornton Cleveleys ...	20	4	2	...	...	...	14
Widnes	52	5	...	...	2	3	42
Total	469	58	39	9	56	38	269

The following remarks are taken from reports by Miss J. G. Matthews, speech therapist to the Accrington, Nelson and Rawtenstall areas.

“ During the year clinics have been held at Accrington, Nelson and Rawtenstall, two weekly sessions being held at Accrington, four at Nelson and three at Rawtenstall. One session a week was spent in home and school visiting.

“ Waiting lists were very extensive at all clinics, especially at Nelson where there had been no previous speech therapist. Children attending this clinic are drawn from an extensive area covering Nelson, Colne and Burnley Rural District, consequently the ratio of patients receiving treatment in relation to those awaiting treatment is small.

“ Attendances have, for the most part, been satisfactory at all centres and parents, save for a few exceptions, have been co-operative.

“ I have found headteachers only too willing to co-operate, especially in cases of stammering.

ACCRINGTON.

"Of the 22 children receiving treatment here, all were drawn from the Accrington area except one case of severe dyslalia which was accepted from Clitheroe. Several other children have been referred from Clitheroe and, as it had not been possible to admit all of them, parents have been seen mainly by home visiting and have been advised. Regular weekly treatment has been given to all patients, with the exception of a selected number who come every fortnight.

"There were four discharges this year, two cases of dyslalia and one stammerer discharged with normal speech and the fourth, with dyslalia, whose speech was improved. Two stammerers were referred for psychiatric treatment."

NELSON.

"During the year 44 children have received treatment; all have had weekly tuition, except a few selected cases which have attended fortnightly. This number includes stammerers, children with dyslalias, cleft palate cases and two suffering from hyper-rhinolalia with dyslalia.

"Five children with dyslalia were discharged with normal speech and five others, four with dyslalia and one, a stammerer, were discharged with improved speech.

"Several children who could not be accepted immediately were reviewed and help given to parent and child wherever possible. One small girl suffering from dyslalia is under dental supervision with a view to receiving possible orthodontic treatment in the future.

"Visits to home and school have continued regularly throughout the year, advice being given to parent and teacher as to how they could best help those children undergoing treatment."

RAWTENSTALL.

"At this centre 24 children have received regular weekly treatment except for one selected case who attends fortnightly.

"Of these, some were stammerers, others had cleft palates (three under school age) and the remainder suffered, for the most part, from severe dyslalia. Severe dyslalia accounts for an unusually high proportion of the speech defects in this area.

"Two children with dyslalia were discharged with normal speech, while three stammerers left with speech showing improvement. One adolescent girl suffering from cleft palate speech has been referred for orthodontic treatment.

"Several parents of young children under school age with stammers have had interviews at the clinic with a view to being given advice and home and school visits have been carried out regularly.

"Children have attended this centre from Rawtenstall and from Bacup. Only comparatively few attend from Bacup and these are specially selected. Almost the whole of one session a week is allotted to the treatment of a group of young children at St. Anne's School, Edgeside, Waterfoot. Two adolescent boys from a nearby modern secondary school also attend here.

"Although it is desirable that children should attend from other surrounding places such as Ramsbottom and Haslingden, at the present time this is quite impossible if the children from areas nearest to the centres are to be dealt with satisfactorily."

The following remarks are taken from reports by Miss A. E. M. Paull, speech therapist to the Huyton, Preston, Thornton and St. Annes areas.

HUYTON.

"During this year 87 clinical sessions were held, during which time 21 school children attended regularly for treatment. Others attended monthly, their speech defects being very much improved. The attendance average was higher this year with the result that more progress was made with those under treatment. The waiting list, however, was constantly growing and in spite of giving fortnightly treatment to some cases and taking others in twos, there was a delay before some prospective cases could be seen.

"Work in conjunction with the child guidance unit at this clinic has had good results. Two boy stammerers were referred by Dr. Devlin after receiving psychiatric treatment. One is now provisionally discharged, his stammer relieved, and the other, though still attending, is improving. Of the other cases, three were found to have multiple defects, *i.e.*, stammer and defective articulation. Such cases are more difficult and prolonged, for the articulation may improve but the stammer clears up more slowly.

"As a whole, some improvement was noted in most of the cases, but the degree was governed, as always, by the intelligence and willingness of the child and the co-operation of the parents in helping the child over his difficulty."

PRESTON.

"Alterations were begun during the year at the house where the clinic was originally started and when subsequently completed the premises were greatly improved.

"Meanwhile, three half day sessions were held weekly in other neighbouring County buildings and 30 children attended regularly for treatment. This was necessarily limited but many cases on the waiting list were interviewed and, where possible, advice was given.

"Of those who received regular treatment, nine were stammerers, two had cleft palate and 19 suffered from various defects of articulation. It is interesting to note that these cases fell more or less into two groups—the 5–8 year olds with fairly severe dyslalia and an older set of children up to 14 years of age with a lesser degree of dyslalia. Possibly if speech therapy facilities had been available earlier, these latter would not have developed, for their speech defects would have been noted and treatment given whilst they were still in the infants' class at school. The fact that, as a whole, the defects were less than in the younger children shows, I think, that contact with other normal speaking children helps towards better speech, but very few do in fact "grow out of it" by themselves. This false idea is still held by some people.

"During the year 49 children were referred from many districts, some as far away as Gasrtang and Chorley."

THORNTON.

"During the year 82 sessions were held at this clinic which serves Thornton, Cleveleys and Fleetwood and 20 children made 407 attendances for regular treatment.

"The cleft palate cases were girls of almost the same age attending the same school and so could be treated together; there is keen competition between them. It is worth noting that the younger sister of one of these patients on interview was found to have nasal speech also, though there was no cleft palate, the defect sounding almost identical. She has been practising the exercises with her sister and will have individual treatment later if necessary. Of the other children attending, three stammerers who have not responded to speech therapy very well will be referred to the child guidance clinic at Preston. Apart from these, improvement has been noted in the rest and some are under supervision, attending occasionally.

"All the schools in Thornton Cleveleys were visited during the year to inquire into new cases and to discuss the treatment of those children at present attending."

ST. ANNES.

"Eighty-four clinical sessions were held here during the year at which 21 children had weekly treatment. Of these five were stammerers, 15 had defects of articulation and one had cleft palate. These cases came mainly from St. Annes and Lytham. It is hoped to commence a session at the new clinic at Lytham when it opens, for apart from the fact that it is a larger building and so would provide a better room for speech therapy and some play, Lytham, by its position on bus and train routes, would serve Kirkham and the district around and so relieve the Preston clinic a little.

"Work at the St. Annes clinic is more straightforward than at most for, serving a fairly small compact area, attendance is usually good and many children are able to come by themselves. Occasional visits to the schools show that the headteachers are interested and anxious to help wherever possible. For example, on visiting a school about two children who were difficult cases of stammering, the headmaster discussed their school work, their attitude to the other children and generally gave me a picture of their school life. I, in turn, was able to tell him of the treatment given and together we hope to help these stammerers. The parents of both these children, unfortunately, find it hard to appreciate that there is any emotional difficulty connected with the speech defects. The health visitors are also most helpful and in turn bring forward urgent cases."

The following remarks are taken from reports by Mrs. J. Corcoran, speech therapist to the Ashton-under-Lyne and Denton areas.

ASHTON-UNDER-LYNE.

"Children treated at this clinic came from Ashton, Droylsden, Hurst, Bardsley and Mossley, 21 in all attending for treatment.

"Co-operation with schools and parents was again very good. Several parents came to the clinic to seek advice about their children and they discussed a wide variety of problems, for example, behaviour, health, careers, hobbies, to mention a few. Several children were referred for orthodontic treatment and one or two for audiometric tests. Of the school leavers, all asked advice concerning jobs, not only with regard to suitable employment, but also concerning the reactions of employers and others to speech difficulties. They also enquired about the possibilities for further treatment.

"The defects and disorders of the children treated consisted of stammering, dyslalia, cleft palate, dysarthria and sigmatism.

"One case of particular interest was a child suffering from cerebral diplegia and who was found on admission to have a gross dysarthria (defect of articulation arising from organic cause), the speech being almost unintelligible. There was considerable tension—especially of the neck and head—and some anxiety caused mainly through the speech difficulties. Upward tongue movements were non-existent and when these were required as for 't, d, l, n, r' the patient exhibited upward and forward movements of the chin in a valiant effort of substitution. After some treatment, involving much explanation and considerable practice, the patient was able to raise her tongue and to make all the necessary sounds. The effect has been most encouraging in that the rigid movements of neck and head have decreased and anxiety has disappeared. An interesting feature has been a marked improvement in the handwriting of this patient.

"Another interesting case history was that of girl triplets of six years of age, "A," "B" and "C." The history was of late inception of speech which was practically unintelligible at the time of attending the clinic. "C" had been delicate since birth, having been in hospital from six months until 14 months of age. There was no family history of speech difficulty, except that mother (deceased two years) had nasalised speech. There was one brother of 15 years and one sister of 12 years who was an epileptic and educationally sub-normal.

"On examination it was noted that all differed physically. "A" made attempts at spontaneous conversation and a few remarks were clear. "B" attempted to imitate spoken words and to answer some questions but was almost unintelligible. "C" attempted no speech but replied to questions with squeaks or grunts, accompanied by considerable movement of hands or feet. She was uncertain, anxious and babyish. They were treated for six months, progress being very slow. For three months "C" only attempted to copy sisters and did not respond to individual tuition. "A" made the best progress at first but "B" has proved the most consistently receptive. During this period all three were reported backward at school; "A" less so than the others. Their general behaviour had changed from disinterest to keener perception of surroundings with participation in games and for the first time they were making attempts at conversation. "B" had developed exhibitionist tendencies. After six months "C" had improved to the extent of being responsive to individual tuition and all three were able to converse spontaneously and fluently, although with various substitutions and omissions. The essential element of treatment, namely home practice, was found to be lacking. Treatment was suspended for three months in order to note progress and efforts, if any, of correction at home."

DENTON.

"Children treated at this clinic came from Denton and Audenshaw, the total number attending for treatment being 43."

Partially Deaf Pupils.

The two teachers appointed specially to work among partially deaf pupils attending ordinary schools continued the work begun in 1948 and 1949 which was responsible for dealing with those pupils within a region. Mr. Pickles for the County Area around Manchester and Miss Naylor for that around Liverpool. As previously, their work consisted, firstly, of the testing of children to assess the degree of deafness and, secondly, the holding of lip reading classes for those found to be in need of this form of help. It was possible in 1950 for the teachers to spend more time with lip reading classes, a development which was expected once the scheme was running smoothly. The routine testing by gramophone audiometer was limited to the ten year olds, but at all schools visited teachers were asked to bring children forward for testing whose hearing they had reason to doubt. Those who failed in the gramophone test were examined individually with the pure tone audiometer, which gives more precise information on hearing defects.

It is not possible to see all the ten-year-olds in the region with the present staff as such an arrangement would leave no time for lip reading classes. A very considerable proportion, however, of this age group can be tested and the results are of value in bringing to light individual needs and in assessing the incidence of deafness in the group as a whole. The names of those found to have defective hearing are forwarded to the medical officer and many are found to require treatment, which they receive.

The teachers aim is to give rather more than half their time to tuition in lip reading. There is some variation in the needs of individual children and while most make satisfactory progress by attending sessions of 45 minutes, some require a much longer period if the treatment is to be really effective.

It is difficult to evaluate accurately the extent to which lip reading is improved by the training but all reports serve to indicate that those children who attend with reasonable regularity benefit greatly. There is no doubt that many are able to continue at ordinary schools and make satisfactory educational progress who otherwise could only be provided with the necessary facilities in a special school.

The following extracts are from the teachers' reports :—

MR. PICKLES.

" This work has now entered upon its third year and is consequently passing from a stage largely experimental to one in which established practice is forming a larger element. In my opinion the experiment has been well worth while and the work may well be continued and extended in the confidence that it will in the long run benefit the community. Audiometry has brought to light numbers of children suffering from hearing defects who have been reported for medical treatment and given special educational facilities, from favourable position in class, attendance at lip reading centres and provision of hearing aids to, in extreme cases, full-time education at special school. In all this work there has been close co-operation with head teachers on the one hand and medical officers on the other."

Gramophone Audiometry.

" Work was carried out in the following Education Divisions—23, 24, 25, 26, 27, 28, 30, 31 and Stretford. Four thousand, four hundred and eighteen children of the age group 10—11 years were tested and of these 366 (8·3 per cent.) failed to reach the normal standard of hearing acuity in one or both ears. In addition, 935 children were specially submitted by head teachers for testing.

Pure Tone Audiometry.

" Altogether, 242 children, from the following Education Divisions, were given individual tests—18, 24, 25, 26, 27, 28, 29, 30, 31, 32, 34, 35 and Stretford.

Lip Reading Classes.

" Centres have been held at Ashton-under-Lyne, Flixton, Heywood, Patricroft and Swinton. Fifty-two children have attended, from the following Education Divisions—12, 22, 27, 28, 29, 30, 31, 34, 35 and Stretford. In addition, two children from Rochdale County Borough attended the Heywood centre. Many children have expressed their enjoyment of the lessons and in the majority of cases distinct progress has been discernible.

" One or two different methods of organising the classes have been tried and varying local conditions sometimes call for different answers. In the main, however, I have found that the most satisfactory method is to spend half a day a week at each centre, holding separate lip reading lessons for juniors and seniors and setting aside also a short period in which to help selected cases with speech improvement and the use of hearing aids."

MISS NAYLOR.

" Lip reading classes of one hour's duration were held once weekly in Crosby, Litherland, Huyton and Widnes. The regularity of attendance at the classes varied a good deal from centre to centre, a problem which has been noted in some other areas.

" Those children who attended the classes regularly made satisfactory progress in ease, speed and accuracy of lip reading and most were discharged at the end of term able to lip read sufficiently well to enable them to make better use of their hearing capacity in normal conversation.

" One thousand two hundred and seventy-one children were tested with the gramophone audiometer and 103 were given individual tests with the pure tone audiometer."

Physically Handicapped Pupils.

The problem of providing suitable education for the severely physically handicapped child is a very special one, for his crippling defect prevents him from attending an ordinary school. Arrangements are made for a few to be educated in their own homes but this is appropriate only in very few cases. For the great majority, a special school is the best place and only a residential school can deal adequately with the most severely crippled.

In Lancashire there are to be three residential schools of this type, one of which, at Silverdale, was functioning throughout 1950. At that time there was accommodation for 20 boys and at the end of the year, of the 20, ten were unable to walk at all but could propel themselves in wheel-chairs.

Many of the children admitted to such schools are very backward and occasionally it may be necessary to take in a child for a trial period in order to decide whether, in fact, he is educable or not. This may be the only conclusive test which can be applied. Two children at the school had to be discharged as they were found, after trial, to be incapable of benefiting from special school education. Towards the end of the year arrangements were made for a physiotherapist to attend regularly at the school to direct exercises and promote re-education in movement by methods depending on the individual needs. The boys have enjoyed this new aspect of their treatment and have responded well.

The following list shows the main defects found in the 20 boys at the school at the end of the year :—

Spastic Paralysis	...	...	...	...	...	...	13
Multiple Congenital Defects	...	...	...	...	...	...	1
Muscular Dystrophy	...	...	...	...	...	...	2
Arthrogryphosis	...	...	...	...	...	...	1
Hæmophilia	...	...	...	...	...	...	1
Old Anterior Poliomyelitis	...	...	...	...	...	...	2

Miss H. Brown, the headmistress, reports as follows :—

“ The new year opened with 20 boys on roll, ten in each of the two classes. The newly surfaced terrace with its ramps to the garden provided an outdoor playground which was safe for those using wheel-chairs and from it they were able to reach the lawns as easily as those who could walk. This extension of their range of movement brought with it new experiences. Classes out of doors in good weather became a regular feature of the school life with the boys able to move easily from the limited space of the classrooms to the terrace and the lawns. Gardening now became possible for all the boys and a small allotment with flower borders was cultivated by the least handicapped of the senior children.

“ During the summer months several of the boys who could not walk learned to ride on the large size tricycles provided for their use. The enjoyment of their recreation periods was increased by this achievement which meant that they were no longer confined to their wheel-chairs throughout the day.

“ Work in the senior class was, generally speaking, at junior level, due to the retardation of the boys, whilst that in the junior class of boys, all of whom were spastic, was without doubt at the level of an admission class in an infant school. In reading, arithmetic and written English each boy was at a different stage and the teaching of the subjects resolved itself into an individual matter. Group work was found to be practicable and was successful in craftwork, art and handwork, gardening and music.

“ At the beginning of the Easter term, it was decided to make use of the B.B.C. broadcasts to schools, and after careful selection the junior history, nature study and travel talks were heard by the senior class, whilst stories, ‘ English for Under Nines ’ and ‘ Music and Movement ’ were chosen for the juniors. The experiment proved to be of such value that these programmes were continued for the remainder of the year.

“ As in 1949, the boys have attended the local school sports and the cricket and football matches of the Silverdale clubs. They had several excursions by coach to places of interest. One was a seaside picnic on the Kent estuary at Sandside and on another occasion they went by coach to see the illuminations at Morecambe. A very special event was a visit to a country school, The Friends’ School at Over Wyresdale, near the Trough of Bowland, where the boys were given a delightful party by the staff and children of the school. In July we took the boys for a whole day’s excursion by train and lake steamer to Ambleside. The weather was perfect and thanks to the excellent co-operation of the British Railways staff and the crew of the steamer, it was an outstanding success.

“ An experiment was carried out during the winter evenings which provided an occupational interest for the more able boys and gave them the opportunity to carry out by themselves the simple skills they had learned in school. On these evenings they mounted pictures for Christmas calendars and some made bamboo pipes. It proved to be a very popular venture.

“ The year’s work ended with a concert given by the boys, first for their parents on the December visiting day and again for the staff and visitors on the day of their Christmas party. Every boy had a part in the concert whatever his handicap and it was noticed that there was a marked improvement in the diction of those boys with a speech defect and an increased confidence in the demeanour of all the boys who, at the first school concert in 1949, had been overawed, shy and restrained.

“ The year 1950 was a year of very slow but very steady progress and a period of consolidation. Although the standard of work in the school has been very varied because of the wide range of mental and physical abilities, it is very evident that from a social viewpoint all the boys have made considerable progress.”

ANNUAL REPORT OF THE SENIOR DENTAL OFFICER, 1950.

General.

The work of the dental department of the School Health Service continued throughout this year without any major changes. The difficulties which became apparent when the National Health Service Act came into operation were in no wise abated. The important functions to be fulfilled by the dental service for the priority classes, as visualised in the Act, were hampered by progressive shortages of staff.

During 1950, the general position continued to deteriorate as the numbers of pupils entitled to dental inspection and treatment increased, while the staffing position remained inadequate. This is set out in Table "A" below :—

TABLE "A" 1950.

Equivalent of Whole-time Officers.		Number of Pupils on School Registers.		Number of Pupils covered by Dental Scheme.		Number of Pupils who received Dental Inspection.		Average Number of Pupils in care of each Dental Officer.
35	...	269,157	...	213,736	...	94,536	...	6,106

The continued closure of dental clinics is doubly unfortunate. On the one hand the treatment record, so laboriously built up over the years, must now, in part, be discounted by this enforced neglect ; on the other hand masses of untreated cases are again piling up against the day when the service can be fully resumed.

It appears, however, that where staffing is inadequate to meet demands, it is better to close a clinic than to offer what must necessarily become a "break-down" service. The principle of maintaining a staff for the removal of teeth is to undo the constructive and reparative functions upon which the reputation of the service has been founded. In other words, to overspread the services of inadequate staff is to benefit none and to commit dentistry for school children to a declining standard.

Staff Occurrences.

Although the whole-time staff at the end of the year was at the same level as that in 1949, *i.e.*, 32 dental officers, resignations and appointments, with the appropriate time-lags, resulted in a loss of the equivalent of two dental officers as compared with the number of staff in 1949.

The policy of employing part-time staff to supplement the permanent whole-time members has been continued during the year. Two part-time dental officers resigned in the course of this year and one was appointed, showing a decline from ten to nine officers in this category. The aggregate services of all these officers amounted to the whole-time equivalent of 35.

In addition, the specialist services were maintained by the employment of eight part-time anaesthetists and two orthodontists. The economy achieved in dental officers' time, by continuing to allocate certain anaesthetic sessions to part-time anaesthetists, is a real one. Where there is a shortage of dental personnel that time, otherwise devoted to administering anaesthetics, can be devoted to routine dental operations. This procedure has enabled a fuller service to be maintained in the areas affected.

Orthodontics.

Apart from the treatment undertaken in this department of the work by dental officers, patients have the advantage of specialist orthodontist advice and treatment. Clinics for this purpose are installed at focal points in the County, operated on a part-time basis. To these clinics advanced and difficult cases may be referred.

It must be borne in mind, in assessing the value of this important branch, that it is most intricate and exacting. The demand upon the time of the orthodontist and upon the co-operation of the patient and parent is very high. Unless co-operation is fully assured, and the duties imposed conscientiously carried out, great loss of time and effort must result. Under these conditions it will be understood that orthodontic treatment can only be offered in cases where there is every reasonable assurance of co-operation and where there is well established evidence of oral hygiene.

Table "B" sets out the treatment carried out in the special orthodontic clinics during the year and includes a comparison with previous years. With regard to this table, it must be observed once more that progress in this branch is necessarily slow and never spectacular. Large numbers cannot be handled, as in routine dentistry, and cases may take two years and upwards to complete. Fluctuations and variations are to be expected. The points to observe are the rise in attendances and the fitting of new appliances.

TABLE "B"—PROGRESS IN ORTHODONTIC CLINICS.

	Number of Sessions.			Number of Individual Cases.			Number of Attendances.			Number of New Cases.			Number of completed Cases.			Number of new Appliances inserted.		
	1948	1949	1950	1948	1949	1950	1948	1949	1950	1948	1949	1950	1948	1949	1950	1948	1949	1950
Blackburn	37	44	96	...	74	93	152	219	384	46	49	55	6	14	5	19	28	55
Failsworth	142	176	184	...	268	174	666	911	675	117	154	47	23	50	10	63	90	86
Huyton	84	84	84	...	102	154	379	482	583	96	53	80	11	10	14	66	77	82
Waterloo	...	41	42	...	63	61	...	281	327	...	43	20	...	9	9	...	45	49
TOTALS	263	345	406	...	507	482	1197	1893	1969	259	299	202	40	83	36	148	240	272

Mr. Softley, orthodontist in Huyton and Waterloo areas, reports that he has been impressed by the changed outlook of patients who originally presented with severe malocclusions amounting to deformities. As their orthodontic treatment proceeds so does their whole bearing and attitude improve. In this remark Mr. Softley has referred to one of the important social factors in orthodontic treatment: a child suffering a disfiguring misalignment of the teeth and jaws very frequently assumes a defensive attitude towards life with a consequent inability to develop a normal manner and outlook. To assist in the remedy of this is a work of profound importance, both from the child's point of view and from the point of view of those alongside whom the child must take his or her place in life.

Mr. F. D. Rowe, orthodontist in the Failsworth and Blackburn areas, reports upon the good relationship with dental officers in these areas. He also comments, with appreciation, on the completion of the necessary arrangements to carry out clinical photography. Mention is also made of the need for radiographic equipment as an important accessory factor in diagnosis.

Dental Examination and Treatment.

During the year the major part of the dental officers' time was devoted to dental examination and treatment of pupils in attendance at schools maintained by the Authority.

Here, once more, mention must be made of the progressive decline of coverage in this department. In 1949 the number of schools receiving routine dental inspection amounted to 492, this year (1950), the number had fallen to 435, representing 37 per cent. of schools in the administrative area.

Again, dental examinations carried out during this year totalled 94,536, or 35 per cent. of the pupils on register.

Adverting to Table "A" it will be seen that the average ratio of pupils to dental officers was 6,106 : 1 in 1950. Hence the carrying out of full annual inspections during 1950 was impossible.

The table of dental treatment carried out will be found in the Appendix to the Report.

The dental officers devoted 912 half-days to routine examinations. Approximately 103 children were examined per session and, of these, 61·6 per cent were referred for treatment. Of all children examined in the schools and clinics and found to require treatment, 73·2 per cent. received the necessary dental care.

Adjustment of the establishment of dental officers to meet the urgent current needs of the school population in the County will require consideration. So much already invested in this important branch of the health of the school children is in danger of being lost by the continued shortage of personnel to deal with the problem.

Table "C" shows a comparison between 1938 and the year 1945 and thence to the year now being reviewed. In interpreting this table, however, it is well to bear in mind that some latitude must be permitted as, during the more intensive war years, shortage of dental personnel, and the consequent overspread of available staff, may have led, to some extent, to more urgent cases being selected for treatment. It seems clearly established, however, that during the stringent period of war the caries rate did, to some appreciable extent, decline. With the return of certain articles to the dietary range it would appear that the caries rate is again rising :—

TABLE "C"—COMPARATIVE RESULTS OF EXAMINATION AND CASES TREATED.

	1938	1945	1946	1947	1948	1949	1950
Percentage of pupils examined who were found to require treatment	69·7	54·2	56·9	55·6	54·8	62·5	61·6
Percentage actually treated	70·5	68·2	67·8	73·7	76·1	73·8	73·2

Ratio of Permanent Teeth Extracted to Permanent Teeth Filled.

For each permanent tooth extracted during the period under review 1·33 teeth were saved by conservative measures. This ratio falls far below an ideal, but again is a reflection on the circumstances. By the time the patient is seen by the dental officer many of the permanent teeth are beyond saving.

Dental Clinics.

The following 17 clinics have been closed in accordance with the earlier mentioned policy—Padiham, Rishton, Oswaldtwistle, Blackburn, Bacup, Irlam, Urmston, Nelson (Manchester Road), Crompton, Failsworth, Eccles, Littleborough, Milnrow, Royton, Whitworth, Earlestown, Haydock. Clinics at Ashton-under-Lyne and Chorley were re-opened during the year, but despite this the total number of closures increased by seven over last year.

Maternity and Child Welfare Service.

In 1950 a slightly higher proportion of the dental officers' time was devoted to this branch—including sessions for inspection and treatment—5·9 per cent. of the total of officers' time was devoted to the dental care of expectant and nursing mothers and pre-school children.

The establishment of oral health in the expectant mother is playing an important role in reducing the consequences of infection foci. This contributes appreciably to safer pregnancy while, in the nursing mother, the absence of blood infection derived from septic teeth and gums enables a better start to be given to the child being fed.

The Pre-School Child.

One of the most important steps towards dental health for the school child lies in early treatment. A depressing feature of the dental picture is the condition of entrants' teeth. Very often the dental condition of the entrant is so bad that eradication is the only possible way to avert the consequences of septic teeth and gums. The only real cure is in early and regular treatment and every effort should be made to secure systematic dental care from the earliest age.

Though still far from satisfactory, it is gratifying to note that this part of the service is showing progress and both attendances and treatment show some advance over 1949, as a whole.

Tables "D," "E" and "F" set out the comparison with 1949. While Table "D" shows some reduction in 1950, this is more than offset by the progress indicated in Tables "E" and "F":—

COMPARATIVE TABLES 1949-50.
DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND THE PRE-SCHOOL CHILD.

TABLE "D"—EXPECTANT MOTHERS.

		Number Inspected.	Number Referred.	Number Treated.	Number Attending.	Extractions.	Fillings.	Sealings.	Other Operations.	Dentures.		General Anæsthetics.
										Supplied.	Repaired.	
1949	...	...	...	1,267	3,433	3,269	708	418	1,282	232	4	578
1950	...	...	1,343	1,189	2,994	2,679	760	375	888	184	1	519

TABLE "E"—NURSING MOTHERS.

		Number Inspected.	Number Referred.	Number Treated.	Number Attending.	Extractions.	Fillings.	Sealings.	Other Operations.	Dentures.		General Anæsthetics.
										Supplied.	Repaired.	
1949	...	...	...	208	618	748	87	37	331	90	2	122
1950	...	...	220	329	980	804	99	42	626	191	6	133

TABLE "F"—PRE-SCHOOL CHILDREN.

		Number Inspected.	Number Referred.	Number Treated.	Number Attending.	Extractions.	Fillings.	Sealings.	Other Operations.	Dentures.		General Anæsthetics.
										Supplied.	Repaired.	
1949	...	...	...	2,021	3,467	3,238	621	14	1,531	...	...	1,157
1950	...	...	2,321	2,506	3,915	3,506	1,055	36	1,229	...	...	1,414

APPENDIX.

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31ST DECEMBER, 1950.

Table 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

Number of Schools in which Periodic Medical Inspection was completed	...	...	...	...	...	...	...	873
Number of Inspections in the prescribed Groups—								
Entrants	...	...	...	...	...	...	...	28,824
Second Age Group	...	...	...	...	...	...	...	19,991
Third Age Group	...	...	...	...	...	...	...	15,762
Total	...	...	...	...	...	...	...	64,577
Number of Parents present	...	...	...	...	...	...	...	26,892

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	40,078
Number of Re-inspections	...	...	...	...	...	...	47,281
Total	...	...	...	...	...	...	87,359
Number of Parents present	...	...	...	...	...	...	25,504

C.—Pupils Found to Require Treatment.

NUMBER OF Individual Pupils FOUND AT Periodic MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group.	For Defective Vision (excluding squint).	For any of the other conditions recorded in Table 2 (A).	Total (Individual pupils).
Entrants	271	4,514	4,707
Second Age Group	1,247	2,221	3,315
Third Age Group	1,011	1,457	2,401
TOTAL	2,529	8,192	10,423

Table 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1950.

Periodic Inspections. Special Inspections.

Number of Pupils examined 64,577 ... 40,078

Disease or Defect.	Periodic Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
Skin 	879	835	3,472	199
Eyes—				
Vision 	2,529	2,460	1,513	531
Squint 	568	686	344	95
Other 	309	292	1,120	148
Ears—				
Hearing 	95	309	289	133
Otitis Media 	182	336	616	66
Other 	206	305	952	202
Nose or Throat 	2,546	7,407	3,845	1,607
Speech 	153	486	202	189
Cervical Glands 	97	3,233	198	355
Heart and Circulation 	139	1,136	219	277
Lungs 	346	1,597	684	423
Developmental—				
Hernia 	62	207	25	12
Other 	56	560	57	75
Orthopædic—				
Posture 	312	928	91	79
Flat-foot 	680	1,051	294	134
Other 	893	1,606	873	357
Nervous System—				
Epilepsy 	5	46	22	35
Other 	69	271	127	104
Psychological				
Development 	44	268	104	132
Stability 	78	311	129	117
Other 	1,334	1,952	7,848	2,054
Total 	11,582	26,282	23,024	7,324

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE
YEAR IN THE AGE GROUPS.

Age-Groups.	Number of Pupils Inspected.	A (Good).		B (Fair).		C (Poor).	
		No.	%	No.	%	No.	%
Entrants 	28,824	10,707	37·15	17,361	60·23	756	2·62
Second Age-Group ...	19,991	7,571	37·87	11,882	59·44	538	2·69
Third Age-Group ...	15,762	7,119	45·17	8,296	52·63	347	2·20
TOTAL 	64,577	25,397	39·33	37,539	58·13	1,641	2·54

Table 3.

INFESTATION WITH VERMIN.

(1) Total number of visits paid to schools by the school nurses	...	...	9,165
(2) Average number of visits per school made during the year by the school nurses	...	...	7.7
(3) Total number of examinations in the schools by the school nurses	...	536,973	
(4) Total number of individual pupils found to be infested	...	18,012	

Table 4.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS) DURING THE YEAR ENDED 31ST DECEMBER, 1950.

Group I.—Diseases of the Skin (excluding uncleanness).

								Number of cases treated or under treatment during the year by the Authority.		Number of cases treated or under treatment during the year otherwise.
Ringworm—										
(i.) Scalp	...	...	...	...	...	...	...	26	...	7
(ii.) Body	...	...	...	...	...	...	...	86	...	3
Scabies	...	...	...	...	...	...	...	222	...	21
Impetigo	...	...	...	...	...	...	...	1,534	...	12
Other skin diseases	...	...	...	...	...	...	...	5,358	...	130
Total	...	...	...	...	...	...	...	7,226	...	173

Group II.—Eye Diseases, Defective Vision and Squint.

								Number of cases dealt with by the Authority.		Number of cases dealt with otherwise.
External and other, excluding errors of refraction and squint	...	...	...	...	...	...	...	3,455	...	38
Errors of refraction (including squint)	...	...	...	...	...	...	...	15,610*	...	289
Total	...	...	...	...	...	...	...	19,065	...	327
Number of pupils for whom spectacles were—										
(a) Prescribed	...	...	...	...	...	...	...	8,948*	...	311
(b) Obtained	...	...	...	...	...	...	...	5,144*	...	198

Group III.—Diseases and Defects of Ear, Nose and Throat.

								Number of cases treated by the Authority.		Number of cases treated otherwise.
Received operative treatment—										
(a) for diseases of the ear	...	...	...	...	...	...	...	—	...	69
(b) for adenoids and chronic tonsillitis	...	...	...	...	...	...	...	—	...	3,054
(c) for other nose and throat conditions	...	...	...	...	...	...	...	—	...	228
Received other forms of treatment	...	...	...	...	...	...	...	3,771	...	345
Total	...	...	...	...	...	...	...	3,771	...	3,696

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	...	...	...	...	...	...	...	248	
							Number of cases treated by the Authority.		Number of cases treated otherwise.
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	...	...	...	...	...	...	4,029	...	439

Group V.—Child Guidance Treatment.

							Number of cases treated in the Authority's Child Guidance Clinics.		Number of cases treated Elsewhere.
Number of pupils treated at Child Guidance Clinics	...	...	...	...	...	...	154	...	44

Group VI.—Speech Therapy.

							Number of cases treated by the Authority.		Number of cases treated Otherwise.
Number of pupils treated by Speech Therapist	...	...	...	...	...	...	441	...	12

Group VII.—Other Treatment Given.

							Number of cases treated by the Authority.		Number of cases treated otherwise.
(a) Miscellaneous minor ailments	...	...	...	...	...	...	34,920	...	262
(b) Other	...	...	...	...	...	...	2,299	...	199
Total	...	...	...	...	...	...	37,219	...	461

Table 5.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR
ENDED 31ST DECEMBER, 1950.

(1) Number of Pupils inspected by the Authority's Dental Officers :—

(a) Periodic Age Groups	{	Under 5	...	...	...	...	3,666
		Age 5	...	...	...	...	9,294
		Age 6	...	...	...	...	10,715
		Age 7	...	...	...	...	10,530
		Age 8	...	...	...	...	9,802
		Age 9	...	...	...	...	9,356
		Age 10	...	...	...	...	9,481
		Age 11	...	...	...	...	8,536
		Age 12	...	...	...	...	7,296
		Age 13	...	...	...	...	6,805
		Age 14	...	...	...	...	6,173
		Age 15	...	...	...	...	2,018
		Over 15	...	...	...	...	864
Total		...	...	...	...	...	94,536
(b) Specials		...	...	...	...	...	21,015
(c) Total (Periodic and Specials)		...	...	...	...	...	115,551
(2) Number found to require treatment		...	...	...	...	...	71,226
(3) Number referred for treatment		...	...	...	...	...	68,218
(4) Number actually treated		...	...	...	...	...	52,110
(5) Attendances made by pupils for treatment		...	...	...	...	...	84,928
(6) Half-days devoted to		{	Inspection	...	...	...	912
	Treatment		...	...	...	...	12,098
Total (6)		...	...	...	...	...	13,010
(7) Fillings		...	...	{	Permanent teeth	...	23,732
		...	...		Temporary teeth	...	...
Total (7)		...	...	...	...	...	27,925
(8) Number of teeth filled		{	Permanent Teeth	...	...	...	20,931
			Temporary teeth	...	...	...	3,832
Total (8)		...	...	...	...	...	24,763
(9) Extractions		...	...	{	Permanent teeth	...	17,782
		...	...		Temporary teeth	...	...
Total (9)		...	...	...	...	...	96,099
(10) Administrations of general anæsthetics for extraction		...	...	...	...	...	31,796
(11) Other operations		...	{	Permanent teeth	...	...	14,235
		...		Temporary teeth	...	...	8,366
Total (11)		...	...	...	...	...	22,601

Table 6.
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN
BOARDING HOMES.

	Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Subnormal.	Maladjusted.	Epileptic.	Total.
<i>During 1950—</i>										
Handicapped Pupils—newly placed in Special Schools or Homes	21	10	15	16	282	20	108	20	5	497
Newly ascertained as requiring education at Special Schools ...	9	7	10	13	237	22	199	41	7	545
<i>On 1st December, 1950—</i>										
No. of Handicapped Pupils :—										
(i.) attending Special Schools as—										
(a) Day Pupils ...	1	4	10	12	545	12	51	...	...	635
(b) Boarding Pupils ...	66	38	117	62	83	45	111	9	24	555
(ii.) boarded in Homes ...	...	...	...	...	...	...	...	21	...	21
(iii.) attending Assisted Schools ...	...	...	...	...	...	...	3	11	...	14
Total ...	67	42	127	74	628	57	165	41	24	1,225
No. of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(a) in hospitals ...	...	...	...	...	...	...	...	...	...	...
(b) elsewhere ...	...	...	...	...	...	40	...	...	...	40
No. of Handicapped Pupils requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition) ...	8	8	14	9	130	49	540	5	23	786

Number of children reported during the year under the Education Act, 1944—

(a) Section 57 (3), excluding any returned under (b)	...	168
(b) Section 57 (3) relying on Section 57 (4)	...	Nil
(c) Section 57 (5)	...	9

